

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child & Family Services Agency**



**DRAFT**

**Effective Date: April 14, 2003**

**NOTICE OF PRIVACY PRACTICES**

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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If you do not speak and/or read English, please call (202) 442-6000 between 8:15 a.m. and 4:45 p.m.

The District of Columbia's Child and Family Services Agency ("CFSA") provides a wide variety of services to children and families. This often includes medical care (including mental health services) and dental treatment. Usually our clients receive these services from health care providers who have a contract with CFSA.

When you or your child visit these providers, a record of the visit is made. Typically, this record contains a description of symptoms, diagnosis and a treatment plan for future care. This information goes into the child or family's social work case record. Records from other medical providers may also be included in the case record. Health information is also used by Medicaid and others who pay for medical expenses to make sure that services they are paying for were actually provided.

This notice will tell you about the ways in which CFSA may use and disclose health information about you or your child (if you are your child's legal guardian). It also describes your rights and certain duties CFSA has regarding the use and disclosure of health information.

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**YOUR RIGHTS AND YOUR CHILDREN'S RIGHTS REGARDING HEALTH  
INFORMATION**

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- Except for those situations discussed below, CFSA may not use or disclose health information about you or your child.
- If you give CFSA permission to use or disclose health information about you or your child, you may take back that permission at any time. This request should be sent in writing to the CFSA Privacy Officer whose address is located at the end of this notice.
- If you take back permission for CFSA to use or disclose your health information, CFSA will no longer use or disclose health information about you or your child for the reasons covered by your written authorization. However, CFSA is unable to take back any disclosures it has already made with your permission, and must still retain our records of the care that we provided to you or your child.
- You may request in writing that CFSA not use or disclose health information about you or your child for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency situations. CFSA will consider your request but is not legally required to accept it.
- You have the right to ask CFSA to contact you or your child about health information only in certain ways. For example, you may ask us to send health information to an address other than your home.
- You have the right to inspect and copy the health information in CFSA's records. If you request copies, CFSA may charge you reasonable fees for copies.
- If you believe that information in your record is incorrect or if important information is missing, you have the right to ask CFSA in writing to change it.

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- You have the right to be told who has received disclosures of your protected health information since April 14, 2003 for purposes other than treatment, payment, management and business reasons, disclosures authorized by you, and for certain other activities.
- If this notice was sent to you electronically, you may obtain a paper copy of the notice.

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**HOW CFSA MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT  
YOU OR YOUR CHILD**

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Generally, CFSA may not use or disclose health information about you or your child without your permission. However, the following categories describe different ways that CFSA may use and disclose health information without your consent:

- **For treatment:** CFSA may use or disclose medical information about you or your child to obtain medical treatment or services. For example, information obtained from a pediatrician about a child's asthma could be used to obtain follow-up treatment from an allergy specialist. Information from a parent's doctor could be used as a basis for obtaining mental health or substance abuse services. The social worker for you or your child and other health care providers will communicate with one another to coordinate the care provided. All information about these services and you or your child's condition will be recorded in the social work case record and used to plan treatment.
- **For payment:** CFSA may use and disclose health information about you or your child so that the treatment and services you receive may be paid for (usually by Medicaid). For example, CFSA may need to give the billing service that bills Medicaid information about treatment your child received so that Medicaid will pay for it.
- **For health care operations:** CFSA may use or disclose health information about you or your child for business or management reasons. This is necessary to make sure that all of our clients receive quality care. For example, we may

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use health information to review how well different doctors cared for you or your child.

- **For appointment reminders:** CFSA may use and disclose medical information to contact you as a reminder that you or your child have a medical appointment.
- **As required by law:** CFSA may use or disclose health information as required by law or in response to a subpoena or court order. In certain cases, it may also disclose health information to law enforcement officials.
- **To prevent harm:** CFSA may use or disclose health information if it is necessary to prevent a serious and immediate threat to the health or safety of a person or the public.
- **For public health needs:** As required by law, CFSA may disclose health information to public health authorities in charge of preventing or controlling diseases or injuries.
- **To make and receive reports of child abuse and neglect:** CFSA may disclose health information to make reports of child abuse or neglect or domestic violence, and it may use health information when it receives such reports.
- **To your family and friends:** In some cases, CFSA may disclose health information to family members or friends involved with medical care for you or your child. CFSA may also tell your family or friends about your condition or your child's condition, or that you or your child is in the hospital.
- **To medical examiners and funeral directors:** CFSA may disclose medical information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. CFSA may also release health information to funeral directors as needed to carry out their duties.
- **To health oversight agencies:** CFSA may disclose health information to other government agencies for activities authorized by law. These activities are

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needed for the government to monitor the health care system and certain government programs.

- **For organ recipients:** CFSA may disclose health information about your child to certain organizations if your child requires an organ or tissue donation or transplant.
- **To other government agencies:** CFSA may disclose health information to another government agency if the program serves similar clients and the disclosure is needed to coordinate the activities of the programs.
- **To defend a lawsuit:** In the event you or your child should file a lawsuit against CFSA, CFSA may disclose certain kinds of health information necessary to defend such an action.
- **For research:** At times, under certain circumstances, we may use and disclose health information about you or your child for research purposes.

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**RESPONSIBILITIES OF CFSA**

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CFSA is required to:

- Maintain the privacy of health information about you and your child.
- Provide you with a notice of its legal duties and privacy practices about health information about you and your child that we collect and keep.
- Follow the terms of this Notice.

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**COMPLAINTS**

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If you believe that CFSA has violated your privacy rights or you disagree with a decision CFSA made about access to your medical records, you may send a written complaint to the CFSA Privacy Officer listed below.

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**CONTACT INFORMATION**

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If you have any questions or complaints, please contact:

CFSA Privacy Officer  
Child and Family Services Agency  
400 Sixth Street S.W.  
Washington, D.C. 20024  
Phone: 202-442-6000

You may also contact the Privacy Officer for additional copies of this Notice.

If you are not satisfied with the response to your complaint from the Agency Privacy Officer, you may contact the District of Columbia Privacy Official, at the address below:

District of Columbia Privacy Official  
Office of Health Care Privacy and Confidentiality  
in the Office of the Deputy Mayor for  
Children Youth Families and Elders  
1350 Pennsylvania Avenue, NW  
Suite 307  
Washington, DC 20004  
Phone: 202-727-8001  
Fax: 202-727-0246  
Email: [dcprivacy@dc.gov](mailto:dcprivacy@dc.gov)

You also may send a written complaint to the Secretary of the U. S. Department of Health and Human Services at the following address:

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Office for Civil Rights – Region III  
U.S. Department of Health and Human  
Services  
150 S. Independence Mall West,  
Suite 372  
Public Ledger Building  
Philadelphia, PA 19106-9111

Main Line (215) 861-4441  
Hotline (800) 368-1019  
FAX (215) 861-4431  
TDD (215) 861-4440  
TTY: (886) 788-4989  
E-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

We support your right to the privacy of your medical information. Complaints will not cause you any harm; we will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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**CHANGES TO THE NOTICE**

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CFSA reserves the right to change our privacy practices and to apply these new practices to all health information we keep. Before we make any material changes to these policies, CFSA will change its Notice and post the new Notice in our offices and on our web site. The current Notice of Privacy Practices will be posted on CFSA's website at <http://www.cfsa.dc.gov>.

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**Acknowledgement of Receipt**

This is to acknowledge that I have received a copy of the CFSA Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

☐ I refuse to sign this acknowledgement

Relationship to minor  
client (if applicable) \_\_\_\_\_

**Note: CFSA personnel, if the client refuses to sign this acknowledgement, please write your complete name here. Explain how a good faith effort was made to receive an acknowledgement of receipt and the reason it was not obtained.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date